Case 16-39900 Doc 1 Filed 12/20/16 Entered 12/20/16 14:03:20 Desc Main Document Page 1 of 66

| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself | | |
|-----|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | LaToya First name D. Middle name Richard Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have | | |
| | used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-7130 | |

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Case number (if known)

Debtor 1 LaToya D. Richard

| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): | | |
|---|---|---|--------|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | | ■ I have not used any business name or EINs. Business name(s) | | ☐ I have not used any business name or EINs. Business name(s) | | |
| | | EINs | | EINs | | |
| 5. | Where you live | 100 Maryview Parkway Matteson, IL 60443 | | If Debtor 2 lives at a different address: | | |
| | | Number, Street, City, State & ZIP Code | _ | Number, Street, City, State & ZIP Code | | |
| | | Cook | County | | | |
| | | County | | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | _ | Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, | | Check one: ☐ Over the last 180 days before filing this petition, I | | |
| | | I have lived in this district longer than in any other district. | | have lived in this district longer than in any other district. | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | | | | | | |

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Case number (if known) Debtor 1 LaToya D. Richard

| ar | Tell the Court About | Your B | ankruptcy Ca | ise | | | |
|-----|---|-------------|----------------|------------------------------------|---|--|--------------------------|
| 7. | The chapter of the Bankruptcy Code you are | | | | of each, see <i>Notice Require</i> page 1 and check the appro | d by 11 U.S.C. § 342(b) for Individuals Formate box. | Filing for Bankruptcy |
| | choosing to file under | ■ Chapter 7 | | | | | |
| | | □с | hapter 11 | | | | |
| | | □с | hapter 12 | | | | |
| | | □с | hapter 13 | | | | |
| | | | | | | | |
| 3. | How you will pay the fee | • | about how yo | u may pay. Typ attorney is subr | ically, if you are paying the f | check with the clerk's office in your loca ee yourself, you may pay with cash, cas behalf, your attorney may pay with a cr | hier's check, or money |
| | | | | | tallments. If you choose this s (Official Form 103A). | option, sign and attach the Application | for Individuals to Pay |
| | | | | | | option only if you are filing for Chapter 7 | |
| | | | applies to you | ur family size ar | nd you are unable to pay the | fee in installments). If you choose this o (Official Form 103B) and file it with your | ption, you must fill out |
| | | | | | | | |
| 9. | Have you filed for bankruptcy within the | ■ No | Э. | | | | |
| | last 8 years? | ☐ Ye | | | | | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| 10. | Are any bankruptcy | ■ No |) | | | | |
| | cases pending or being filed by a spouse who is | □Ye | es. | | | | |
| | not filing this case with you, or by a business partner, or by an affiliate? | | | | | | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if know | /n |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if know | n |
| 11. | Do you rent your | □ No | o. Go to l | ine 12. | | | |
| | residence? | ■ Ye | As Has yo | ur landlord obta | ained an eviction judgment a | gainst you and do you want to stay in yo | our residence? |
| | | 6 | ;s. | No. Go to line | 12. | | |
| | | | _ | | | ction Judgment Against You (Form 101A | and file it with this |
| | | | _ | bankruptcy pet | iition. | | |

Debtor 1 LaToya D. Richard Document Page 4 of 66 Case number (if known)

| ar | Report About Any Bu | sinesses | You Own | as a Sole Proprie | tor | |
|-----|---|------------------------|--------------------------|---|--|------------|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | | | |
| | | ☐ Yes. | Name | and location of bus | siness | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | | | |
| | If you have more than one sole proprietorship, use a | | Numbe | er, Street, City, Stat | te & ZIP Code | |
| | separate sheet and attach it to this petition. | | Check | the appropriate bo | ox to describe your business: | |
| | | | | Health Care Busin | ness (as defined in 11 U.S.C. § 101(27A)) | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | |
| | | | | Stockbroker (as d | lefined in 11 U.S.C. § 101(53A)) | |
| | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) | |
| | | | | None of the above | e | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines operation | s. If you inc | dicate that you are w statement, and f | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure | f |
| | | ■ No. | I am no | ot filing under Chap | oter 11. | |
| | For a definition of small business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am fil Code. | ing under Chapter | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | |
| | | ☐ Yes. | I am fil | ing under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code |) . |
| ar | t 4: Report if You Own or | Have Any | Hazardou | us Property or An | y Property That Needs Immediate Attention | |
| 14. | Do you own or have any | ■ No. | | | | |
| | property that poses or is alleged to pose a threat of imminent and | ☐ Yes. | What is th | ne hazard? | | |
| | identifiable hazard to public health or safety? Or do you own any property that needs | | If immedi | ate attention is | | |
| | immediate attention? | | needed, v | why is it needed? | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | the property? | | |
| | | | | | Number, Street, City, State & Zip Code | |

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Debtor 1 LaToya D. Richard Case number (if known)

15. Tell the court whether

Part 5:

you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deh | otor 1 LaToya D. Richard | | Docum | ent Page 6 of 66 | e number (if known) | Desc Main |
|-----|---|--|---|---|-----------------------|---|
| | | | | | Tramber (ii kilowii) | |
| Par | t 6: Answer These Quest | ions for R | | | | |
| 16. | What kind of debts do you have? | 16a. | | consumer debts? Consumer debts a resonal, family, or household purpose | | J.S.C. § 101(8) as "incurred by an |
| | | | ☐ No. Go to line 16b. | | | |
| | | | Yes. Go to line 17. | | | |
| | | 16b. | | ousiness debts? Business debts are restment or through the operation of | | |
| | | | ☐ No. Go to line 16c. | | | |
| | | | ☐ Yes. Go to line 17. | | | |
| | | 16c. | State the type of debts you | owe that are not consumer debts or | business debts | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapte | r 7. Go to line 18. | | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | | Do you estimate that after any exemvailable to distribute to unsecured cr | | uded and administrative expenses |
| | administrative expenses | | ■ No | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | ☐ Yes | | | |
| | How many Creditors do you estimate that you owe? | 1 -49 | | □ 1,000-5,000 | | 5,001-50,000 |
| | | □ 50-99 | | ☐ 5001-10,000 ☐ 10,001-25,000 | | 0,001-100,000 lore than100,000 |
| | | ☐ 100-1 ☐ 200-9 | | ☐ 10,001-25,000 | LI IVI | ore man 100,000 |
| 19. | How much do you | \$ 0 - \$ | 550,000 | □ \$1,000,001 - \$10 million | □ \$5 | 500,000,001 - \$1 billion |
| | estimate your assets to be worth? | | 001 - \$100,000 | □ \$10,000,001 - \$50 millio | | 1,000,000,001 - \$10 billion |
| | | | 001 - \$500,000 001 - \$1 million | □ \$50,000,001 - \$100 millio □ \$100,000,001 - \$500 mill | | 10,000,000,001 - \$50 billion lore than \$50 billion |
| 20. | How much do you estimate your liabilities | □ \$0 - \$ | | ☐ \$1,000,001 - \$10 million | | 500,000,001 - \$1 billion |
| | to be? | | 001 - \$100,000 | □ \$10,000,001 - \$50 millio □ \$50,000,001 - \$100 millio | | 31,000,000,001 - \$10 billion 310,000,000,001 - \$50 billion |
| | | ■ \$100,001 - \$500,000 □ \$500,001 - \$1 million | | □ \$100,000,001 - \$500 mill | | More than \$50 billion |
| Par | t 7: Sign Below | | | | | |
| For | you | I have ex | camined this petition, and I de | eclare under penalty of perjury that th | ne information prov | rided is true and correct. |
| | | | | 7, I am aware that I may proceed, if relief available under each chapter, | | |
| | | | | not pay or agree to pay someone whe notice required by 11 U.S.C. § 34 | | ey to help me fill out this |
| | | I request | relief in accordance with the | chapter of title 11, United States Co | de, specified in this | s petition. |
| | | bankrupt and 357 | tcy case can result in fines up 1. | t, concealing property, or obtaining roto \$250,000, or imprisonment for up | | |
| | | LaToya | oya D. Richard D. Richard e of Debtor 1 | Signature o | of Debtor 2 | |

Executed on

MM / DD / YYYY

Executed on December 12, 2016

MM / DD / YYYY

Debtor 1 LaToya D. Richard Document Page 7 of 66 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Stuart I | B. Handelman | Date | December 12, 2016 | |
|--------------------------|--------------------------------------|---------------|-------------------|--|
| Signature of | f Attorney for Debtor | _ | MM / DD / YYYY | |
| Stuart B. I | Handelman | | | |
| The Law C | Offices of Stuart B. Handelman, P.C. | | | |
| 200 S. Mic Chicago, I | chigan Avenue, Suite 205 IL 60604 | | | |
| Number, Street, | City, State & ZIP Code | | | |
| Contact phone | (312) 360-0500 | Email address | court@sbhpc.net | |
| 6195779 | | | | |
| Por number 9 C | that a | | | |

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| | 1 LaToya D. Richard | | | Case number (# | (HOMIN) |
|---|--|----------------------------|--|---|--|
| | | ne for Re | norting Purposes | | |
| art 6 3. V | | | | sumer debts? Consumer debts are defined al, family, or household purpose." | I in 11 U.S.C. § 101(8) as fincurred by an |
| 3 | 700 Havo | | ☐ No. Go to line 18b. | | |
| | | | Yes. Go to line 17. | | |
| | | 16b. | Are your debts primarily busi money for a business or investi | iness debts? Business debts are debts that ment or through the operation of the busine | at you incurred to obtain ess or investment. |
| | | | ☐ No. Go to line 16c. | | |
| | | | ☐ Yes. Go to line 17. | t the authorizan | doble |
| | | 16c. | State the type of debts you ow | e that are not consumer debts or business | gents |
| - | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7 | | |
| | Do you estimate that after any exempt property is excluded and | Yes. | I am filing under Chapter 7. Do are paid that funds will be available. | o you estimate that after any exempt prope ilable to distribute to unsecured creditors? | rty is excluded and administrative expense |
| | administrative expenses | | ■ No | | |
| are paid that funds will be available for distribution to unsecured creditors? | l | Yes | | | |
| 18. How many | How many Creditors do | 1-49 | | 1,000-5,000 | 25,001-50,000 |
| you estimate that you owe? | | ☐ 50-9 ☐ 100- ☐ 200- | 9 199 | ☐ 5001-10,000 ☐ 10,001-25,000 | ☐ 50,001-100,000 ☐ More than100,000 |
| | | | | ☐ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion |
| 15. | How much do you estimate your assets to | | \$50,000 ,001 - \$100,000 | □ \$10,000,001 - \$50 million | \$1,000,000,001 - \$10 billion |
| | be worth? | □ \$10 | 0,001 - \$500,000 0,001 - \$1 million | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| 20 | How much do you | ∏ en . | \$50,000 | ☐ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion |
| ZV. | estimate your liabilities | |),001 - \$100,000 | ☐ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion |
| | to be? | • • • • | 0,001 - \$500,000 0,001 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| | Olus Balana | | Olog - At Himmer | | |
| Pa | rt 7: Sign Below | | | clare under penalty of perjury that the infor | mation provided is true and correct. |
| Fa | r you | *** | to file under Chanter | 7, I am aware that I may proceed, if eligible, relief available under each chapter, and I c | under Chapter 7, 11,12, or 13 of title 11, |
| | | If no a | tomey represents me and I did | not pay or agree to pay someone who is not pay or required by 11 U.S.C. § 342(b). | |
| | | | | chapter of title 11, United States Code, spe | ecified in this petition. |
| | , | l unda bankn arid 3 | uptcy case can result in fines up | t, concealing property, or obtaining money to \$250,000, or imprisonment for up to 20 | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 15 |
| | i | | ya D. Richard ture of Debtor 1 | Signature of Debte | or 2 |
| | | Execu | MM / DD / YYYY | Executed on MM | M/DD/YYYY |

| Fill in this inform | nation to identify your o | | | | |
|-------------------------------------|---|----------------------------|--|---|--|
| Debtor 1 | LaToya D. Richard | Middle Name | Lest Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Lost Namo | | |
| United States Ba | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number(if known) | | | | · | ck if this is an nded filling |
| Official For | n 106Dec | an Individua | l Debtor's Sch | edules | 12/15 |
| obtaining mone years, or both. 1 | y or property by fraud 18 U.S.C. §§ 152, 1341, In Below | ill Colliscitou Atni a nai | nkruptcy case can result in 1 | flaking a false statement, concea fines up to \$250,000, or imprison | ment for up to 20 |
| | | eone who is NOT an att | crney to help you fill out ba | nkruptcy forms? | |
| ■ No □ Yes. | Name of person | | | Attach Bankruptcy Petition Declaration, and Signature | ı <i>Preparer's Notice,</i> e (Official Form 119) |
| that they(a | ife true and correct. | e that I have read the su | mmary and schedules filed X Signature of D | | |
| LaTo Signal | ya D. Richard ture of Debtor 1 | | | | |
| Date | December 12, 2016 | | Date | | |

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| Debtor 1 LaToya D. Richard | Case number (if known) |
|--|--|
| are true and correct. I understand that may with a bankruptcy case can result in fines 18 4.3 C. §§ 152, 1341, 1519, and 3571. La Toya D. Richard Signature of Debtor 1 | aking a false statement, concealing property, or obtaining money or property by fraud in connection a up to \$250,000, or imprisonment for up to 20 years, or both. Signature of Debtor 2 |
| Date December 12, 2016 | Date |
| | Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| ■ No | |
| ☐ Yes | |
| Did you pay or agree to pay someone wi | no is not an attorney to help you fill out bankruptcy forms? |
| No Attack the | e Bankruptcy Patition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| ☐ Voe Name of Person . Attach the | I DOUINUDIOT I BURGOTT TELEVISION TO THE PROPERTY OF THE PROPE |

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| Debtor 1 LaToya D. Richard | Case number (it known) |
|--|-------------------------|
| Description of leased Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Part 3: Sign Below | |
| Under penalty of perjury.) declare that i have indicated my inproperty that is subject to an unexpired lease. X LaToya D. Richard Signature of Debtor-1 | X Signature of Debtor 2 |
| Date December 12, 2016 | Date |

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| | | United States Bankruptcy Cou Northern District of Illinois | ırt | |
|-------|--|---|-------------------------------|--------------|
| In re | LaToya D. Richard | | Case No. | |
| | | Debtor(s) | Chapter 7 | |
| | VE | ERIFICATION OF CREDITOR MA | ATRIX | |
| | | Number of (| Creditors: | 46 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credito | rs is true and correct to the | e best of my |
| Date: | December 12, 2016 | LaToya D. Richard' Signature of Debtor | Juho C | |

Page 13 of 66 Document Fill in this information to identify your case: Debtor 1 LaToya D. Richard Middle Name Last Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Pa | t 1: Summarize Your Assets | | |
|----|--|-------------|--------------------------|
| | | Your a | ssets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 23,742.74 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 23,742.74 |
| Pa | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 18,825.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 124,134.31 |
| | Your total liabilities | \$ | 142,959.31 |
| Pa | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,041.52 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,999.00 |
| Pa | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a | a personal | , family, or |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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Page 14 of 66 Case number (if known) Debtor 1 LaToya D. Richard

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

4,681.56 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total | claim |
|--|-------|------------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 100,022.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 100,022.00 |

| | | | | Document | Page 15 of 66 | | | |
|-----------------------------|---|---------------------------|--------------------------|---|--|--|---------------------|---|
| Fill in | this inform | ation to identify your | case and | this filing: | | | | |
| Debto | r 1 | LaToya D. Richa | rd | | | | | |
| | | First Name | | Idle Name | Last Name | | | |
| Debto (Spouse | | First Name | Mid | ddle Name | Last Name | | | |
| United | l States Ban | kruptcy Court for the: | NORTHE | ERN DISTRICT OF IL | LLINOIS | | | |
| Cooo | aumhar | | | | | | _ | |
| Case | number | | | | | | | Check if this is an amended filing |
| | | | | | | | | |
| Offic | cial For | m 106A/B | | | | | | |
| - | | A/B: Prop | ortv | | | | | 12/15 |
| | | | | st an asset only once | If an asset fits in more than one | e category list the asse | et in the | |
| hink it informa | fits best. Be | as complete and accura | ate as possi | ible. If two married pe | ople are filing together, both are n the top of any additional page: | e equally responsible fo | r supply | ring correct |
| Part 1: | Describe E | ach Residence, Building | g, Land, or | Other Real Estate You | Own or Have an Interest In | | | |
| 1. Do y | ou own or ha | ive any legal or equitabl | le interest ir | n any residence, build | ing, land, or similar property? | | | |
| . | o. Go to Part : | 2 | | | | | | |
| | o. Go to Part 2 es. Where is | | | | | | | |
| | es. Where is | the property? | | | | | | |
| Part 2: | Describe Y | our Vehicles | | | | | | |
| someoi | ne else drive s, vans, trud lo | | cle, also rep | oort it on <i>Schedule G</i> | es, whether they are registered: Executory Contracts and Un | | y venici | es you own mat |
| 3.1 | Make: K | ia | , | Who has an interest in | n the property? Check one | Do not deduct secure | | |
| · · · | _ | arento | | ■ Debtor 1 only | and property i official office | the amount of any se Creditors Who Have | | |
| | | 012 | | Debtor 2 only | | Current value of the | | urrent value of the |
| | Approximate | | | Debtor 1 and Debtor | • | entire property? | pc | ortion you own? |
| Г | Other informa | ation: 100 Maryview | | ☐ At least one of the d | debtors and another | | | |
| | | Matteson IL 60443 | | Check if this is cor (see instructions) | mmunity property | \$9,207.0 | 0 | \$9,207.00 |
| Exar N Y Add pag Part 3: | mples: Boats to tes d the dollar ges you hav Describe Y | s, trailers, motors, pers | you own f . Write tha | oraft, fishing vessels, for all of your entrie at number here | ehicles, other vehicles, and , snowmobiles, motorcycle acc es from Part 2, including any | entries for | port Do n | \$9,207.00 Tent value of the ion you own? not deduct secured |
| s Hou | isehold acc | ods and furnishings | | | | | ciain | ns or exemptions. |

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

| Dobtor 1 | Case 16-39900 | Doc 1 Filed 12/20/16 Document | Page 16 of 66 | |
|---------------------------|---|--|---|-----------------------------------|
| Debtor 1 | LaToya D. Richard | | Case number (if know | |
| Yes. | Describe | | | |
| | | oom sets n: 100 Maryview Parkway, Ma | tteson IL 60443 | \$500.00 |
| □No | les: Televisions and radios; a | audio, video, stereo, and digital equi ameras, media players, games | pment; computers, printers, scanners; music | collections; electronic devices |
| | | s, laptop, one cell phones n: 100 Maryview Parkway, Ma | tteson IL 60443 | \$150.00 |
| Example No | bles of value les: Antiques and figurines; pother collections, memor Describe | | ooks, pictures, or other art objects; stamp, co | in, or baseball card collections; |
| Example No | ent for sports and hobbies les: Sports, photographic, exe musical instruments Describe | | bicycles, pool tables, golf clubs, skis; canoe | s and kayaks; carpentry tools; |
| ■ No | | s, ammunition, and related equipmen | nt | |
| □ No | | leather coats, designer wear, shoes | s, accessories | |
| | Clothes Location | s n: 100 Maryview Parkway, Ma | tteson IL 60443 | \$400.00 |
| □ No | | ume jewelry, engagement rings, wed | dding rings, heirloom jewelry, watches, gems | , gold, silver |
| | Costume Location | ne n: 100 Maryview Parkway, Mar | tteson IL 60443 | \$30.00 |
| Exam _l □ No | orm animals boles: Dogs, cats, birds, horse Describe | es | | |
| | One Dog | g, three turles | | \$0.00 |
| ■ No | her personal and househol | | including any health aids you did not list | |

Official Form 106A/B Schedule A/B: Property page 2

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Case number (if known) Debtor 1 LaToya D. Richard 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1.080.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ No ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... \$509.81 **Great Lake Credit Union** 17.1. Savings **Great Lakes Credit Union** \$200.00 Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: 401(k) Employer 401(K) \$9,745.93 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No ☐ Yes. Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes.....

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Case number (if known) Document Debtor 1 LaToya D. Richard 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ☐ No Yes. Give specific information about them, including whether you already filed the returns and the tax years...... **Estimated Tax Refunds** Federal and State \$3,000.00 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ☐ No Yes. Give specific information.. Unknown Child Support 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: **American Income Life Term Life Debtors children** \$0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

☐ Yes. Give specific information..

page 4

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Case number (if known) Document Debtor 1 LaToya D. Richard 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$13,455.74 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6 ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form

Part 8: 55. Part 1: Total real estate, line 2 \$0.00 56. Part 2: Total vehicles, line 5 \$9,207.00 57. Part 3: Total personal and household items, line 15 \$1,080.00 58. Part 4: Total financial assets, line 36 \$13,455.74 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... \$23,742.74 Copy personal property total \$23,742.74

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$23,742.74

Official Form 106A/B Schedule A/B: Property page 5

| | | I A A d III I I I I | | |
|---|--------------------------|---------------------|-------------|-------------------------------------|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | LaToya D. Richar | rd | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is a amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption |
|--|--------------------------------------|-----------------------------------|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| 2012 Kia Sarento 60,000 miles Location: 100 Maryview Parkway, | \$9,207.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) |
| Matteson IL 60443 Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3 bedroom sets Location: 100 Maryview Parkway, | \$500.00 | | \$110.19 | 735 ILCS 5/12-1001(b) |
| Matteson IL 60443 Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Two tvs, laptop, one cell phones Location: 100 Maryview Parkway, | \$150.00 | | \$150.00 | 735 ILCS 5/12-1001(b) |
| Matteson IL 60443 Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Clothes Location: 100 Maryview Parkway, | \$400.00 | | \$400.00 | 735 ILCS 5/12-1001(a) |
| Matteson IL 60443 Line from Schedule A/B: 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Costume Location: 100 Maryview Parkway, | \$30.00 | | \$30.00 | 735 ILCS 5/12-1001(b) |
| Matteson IL 60443 Line from Schedule A/B: 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |

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Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property

Current value of the portion you own

Current value of the portion you own

Current value of the portion you own

Specific laws that allow experience of the portion you own

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exempt |
|---|--------------------------------------|-----|---|---------------------------------|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| Savings: Great Lake Credit Union Line from Schedule A/B: 17.1 | \$509.81 | | \$509.81 | 735 ILCS 5/12-1001(b) |
| Life from Schedule PAB. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: Great Lakes Credit Union Line from Schedule A/B: 17.2 | \$200.00 | | \$200.00 | 735 ILCS 5/12-1001(b) |
| Line Ironi Scriedule A/B. 11.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| 401(k): Employer 401(K) | \$9,745.93 | | | 735 ILCS 5/12-1006 |
| Line from Schedule A/B: 21.1 | | • | 100% of fair market value, up to any applicable statutory limit | |
| Federal and State: Estimated Tax Refunds | \$3,000.00 | | \$3,000.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 28.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Child Support Line from Schedule A/B: 30.1 | Unknown | | | 735 ILCS 5/12-1001(g)(4) |
| Line Irom Scheaule A/B: 30.1 | | | 100% of fair market value, up to any applicable statutory limit | |

- No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 - □ No
 - ☐ Yes

| Case 16-39900 | | Entered Page 22 | l 12/20/16 14:03 of 66 | 3:20 Desc M ■ | lain |
|--|---|--------------------|---------------------------|---|-----------------------------|
| Fill in this information to identify you | ir case: | | | | |
| Debtor 1 LaToya D. Richa First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) First Name | Middle Name | Last Name | | | |
| (Spouse II, IIIIIIg) | Wildlie Name | Last Name | | | |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLIN | NOIS | | | |
| Case number | | | | _ | if this is an led filing |
| Official Form 106D Schedule D: Creditors | s Who Have Claims S | Secured | by Property | | 12/15 |
| Be as complete and accurate as possible. s needed, copy the Additional Page, fill it on the firm the f | | | | | |
| . Do any creditors have claims secured by | y your property? | | | | |
| ☐ No. Check this box and submit the | his form to the court with your other s | chedules. You | u have nothing else to re | eport on this form. | |
| Yes. Fill in all of the information | below. | | | | |
| Part 1: List All Secured Claims | | | | | |
| List all secured claims. If a creditor has r | more than one accured alaim list the gradi | itor congretaly | Column A (| Column B | Column C |
| for each claim. If more than one creditor has much as possible, list the claims in alphabeti | a particular claim, list the other creditors i | in Part 2. As | Do not deduct the t | /alue of collateral hat supports this claim | Unsecured portion If any |
| 2.1 Chase Auto Finance | Describe the property that secures th | e claim: | \$18,825.00 | \$9,207.00 | \$9,618.00 |
| Creditor's Name PO Box 9001937 | 2012 Kia Sarento 60,000 miles Location: 100 Maryview Parks Matteson IL 60443 As of the date you file, the claim is: Cl apply. | way, | | | |
| Louisville, KY 40290-1937 | ☐ Contingent | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only □ Debtor 2 only | An agreement you made (such as mo car loan) | ortgage or secu | ired | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mech | nanic's lien) | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim relates to a community debt | ☐ Other (including a right to offset) | | | | |
| Date debt was incurred 7/14 | Last 4 digits of account number | er <u>0929</u> | | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

\$18,825.00

\$18,825.00

| | Case 10 00000 De | Document | Page 2 | 3 of 66 | 20 000 | o mani |
|---------------------------|---|--|---------------------|--------------------------------------|------------------|--------------------------|
| Fill i | n this information to identify your cas | | | | | |
| Debt | or 1 LaToya D. Richard | | | | | |
| 2000 | First Name | Middle Name | Last Name | | | |
| Debt | | | | | | |
| (Spous | se if, filing) First Name | Middle Name | Last Name | | | |
| Unite | ed States Bankruptcy Court for the: | ORTHERN DISTRICT OF I | LLINOIS | | | |
| Case | e number | | | | | |
| (if know | wn) | | | | □ C | heck if this is an |
| | | | | | ar | mended filing |
| ∩ffi∂ | cial Form 106E/F | | | | | |
| | nedule E/F: Creditors Wh | o Have Unsecure | d Claims | | | 12/15 |
| | complete and accurate as possible. Use F | | | Part 2 for creditors with NON | PRIORITY clair | |
| Sched left. At name | lule G: Executory Contracts and Unexpired lule D: Creditors Who Have Claims Secure ttach the Continuation Page to this page. I and case number (if known). | d by Property. If more space if you have no information to r | is needed, copy | the Part you need, fill it out, r | umber the ent | ries in the boxes on the |
| Part | | | | | | |
| _ | Oo any creditors have priority unsecured c | laims against you? | | | | |
| | No. Go to Part 2. | | | | | |
| | Yes. | | | | | |
| Part | | | | | | |
| 3. D | Oo any creditors have nonpriority unsecure | ed claims against you? | | | | |
| | I No. You have nothing to report in this part. | Submit this form to the court wi | th your other sche | edules. | | |
| | Yes. | | | | | |
| u th | ist all of your nonpriority unsecured claim insecured claim, list the creditor separately fo nan one creditor holds a particular claim, list to Part 2. | r each claim. For each claim list | ed, identify what t | type of claim it is. Do not list cla | ims already incl | uded in Part 1. If more |
| | | | | | | Total claim |
| 4.1 | AT&T | Last 4 digits of a | ccount number | 7527 | | \$188.89 |
| | Nonpriority Creditor's Name | When was the de | ht incurred? | | | |
| | P.O. Box 5080 Carol Stream, IL 60197-5080 | when was the de | bt incurred? | | | |
| | Number Street City State Zlp Code | As of the date yo | u file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIC | ORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a commu | | | | | |
| | debt | | | ration agreement or divorce that | at you did not | |
| | Is the claim subject to offset? | report as priority of | | g plans, and other similar debts | | |
| | ■ No | · | • | iy pians, and other similar debt | • | |
| | ☐ Yes | Other. Specify | reiepnone | | | |

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Debtor 1 LaToya D. Richard Case number (if know) 4.2 \$343.50 AT&T Mobility Last 4 digits of account number 7691,7757 Nonpriority Creditor's Name P.O. Box 6416 When was the debt incurred? Carol Stream, IL 60197-6416 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Cellular Services ☐ Yes 4.3 **Bariatric Institute of Greater** Last 4 digits of account number 1743 \$2,753.94 Nonpriority Creditor's Name Chicago, LTD When was the debt incurred? PO Box 84 Hinsdale, IL 60522-0084 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Medical Bills** Other. Specify Capital One Bank, (USA), N.A. \$1,201.24 4.4 Last 4 digits of account number 1412 Nonpriority Creditor's Name P.O. Box 6492 When was the debt incurred? Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify Credit Card

Document Page 25 of 66 Case number (if know) Debtor 1 LaToya D. Richard 4.5 \$50.00 Clearview Electric, Inc. Last 4 digits of account number 2119 Nonpriority Creditor's Name PO Box 130659 When was the debt incurred? Dallas, TX 75313 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Utility 4.6 **Commonwealth Financial** Last 4 digits of account number 04N1 \$290.00 Nonpriority Creditor's Name 245 Main Street When was the debt incurred? Scranton, PA 18519 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Collection Other. Specify 4.7 **Department of Education** Last 4 digits of account number **XXXX** \$4,250.00 Nonpriority Creditor's Name PO Box 9635 When was the debt incurred? Wilkes Barre, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

Student Loan

☐ Other. Specify

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| La loya D. Richard | Case number (if know) | |
|--|--|-------------|
| Department of Education | Last 4 digits of account number XXXX | \$6,379.00 |
| Nonpriority Creditor's Name PO Box 9635 | When was the debt incurred? | |
| Wilkes Barre, PA 18773 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community debt | Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Is the claim subject to offset? ☐ No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify | |
| | Student Loan | |
| Department of Education | Last 4 digits of account number XXXX | \$12,001.00 |
| Nonpriority Creditor's Name PO Box 9635 Wilkes Barre, PA 18773 | When was the debt incurred? | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | Student loans | |
| debt s the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | Other. Specify | |
| | Student Loan | |
| Department of Education Nonpriority Creditor's Name | Last 4 digits of account number XXXX | \$12,001.00 |
| PO Box 9635 Wilkes Barre, PA 18773 | When was the debt incurred? | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and another | - | |
| Check if this claim is for a community debt | ■ Student loans □ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| □ Yes | Other. Specify | |

Student Loan

Page 27 of 66 Case number (if know) Document Debtor 1 LaToya D. Richard 4.1 **Department of Education XXXX** \$12,001.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 9635 When was the debt incurred? Wilkes Barre, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Student Loan 4.1 **Department of Education XXXX** \$6,000.00 Last 4 digits of account number 2 Nonpriority Creditor's Name PO Box 9635 When was the debt incurred? Wilkes Barre, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Student Loan 4.1 Department of Education **XXXX** \$5,971.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 9635 When was the debt incurred? Wilkes Barre, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No
□ Yes

Other. Specify

Debts to pension or profit-sharing plans, and other similar debts

Student Loan

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Debtor 1 LaToya D. Richard Case number (if know) 4.1 **Department of Education XXXX** \$7,147.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 9635 When was the debt incurred? Wilkes Barre, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Student Loan 4.1 **Department of Education XXXX** \$34,272.00 Last 4 digits of account number 5 Nonpriority Creditor's Name PO Box 9635 When was the debt incurred? Wilkes Barre, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Student Loan 4.1 Department of Education **XXXX** \$4,587.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 9635 When was the debt incurred? Wilkes Barre, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Student Loan

Document Page 29 of 66 Case number (if know) Debtor 1 LaToya D. Richard 4.1 **ERC** 0257 \$1,687.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 57547 When was the debt incurred? Jacksonville, FL 32241 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection ☐ Yes 4.1 **Exeter Finance Corp.** 3646 \$8,041.13 Last 4 digits of account number 8 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 166008 Irving, TX 75016 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Deficiency on Vehicle ☐ Yes 4.1 First Premier Bank **XXXX** \$443.00 9 Last 4 digits of account number Nonpriority Creditor's Name 601 S. Minnesota Ave. When was the debt incurred? Sioux Falls, SD 57104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

■ Other. Specify Credit Card

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

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Document Page 30 of 66 Case number (if know) Debtor 1 LaToya D. Richard 4.2 Franciscan Alliance Specialty Phy 0669 \$62.77 Last 4 digits of account number 0 Nonpriority Creditor's Name 3700 W. 203rd ST When was the debt incurred? Olympia Field, IL 60461 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Bills ☐ Yes 4.2 Franciscan Alliance, Inc. 2523 \$59.36 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 28044 Network Place Chicago, IL 60673 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Bills ☐ Yes 4.2 Franciscan Alliance, Inc. 8516 \$13.06 Last 4 digits of account number Nonpriority Creditor's Name 28044 Network Place When was the debt incurred? Chicago, IL 60673 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

debt

■ No

☐ Yes

Is the claim subject to offset?

report as priority claims

Other. Specify

☐ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Medical Bills

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Case number (if know) Debtor 1 LaToya D. Richard 4.2 Franciscan Physician Network 6345 \$80.00 Last 4 digits of account number 3 Nonpriority Creditor's Name 1515 Dragoon Trail When was the debt incurred? Mishawaka, IN 46544 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Bills ☐ Yes 4.2 Franciscan St. James Health 6417 \$70.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 20201 Crawford Ave Olympia Fields, IL 60461 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Bills ☐ Yes 4.2 **Great Lakes Credit Union XXXX** \$163.00 Last 4 digits of account number Nonpriority Creditor's Name 2525 Green Bay Road When was the debt incurred? North Chicago, IL 60064 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Official Form 106 E/F

☐ Yes

■ Other. Specify Unsecured Loan

Page 32 of 66 Case number (if know) Document Debtor 1 LaToya D. Richard 4.2 **Ingalls Memorial Hospital** 6172 \$199.90 Last 4 digits of account number 6 Nonpriority Creditor's Name **Payment Processing Center** When was the debt incurred? PO Box 3397 Chicago, IL 60654 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Medical Bills 4.2 **IT Cosmetics** 9220 \$79.90 Last 4 digits of account number Nonpriority Creditor's Name PO Box 2003 When was the debt incurred? Harlan, IA 51593 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Contract 4.2 Life Storage 5637 \$528.47 8 Last 4 digits of account number Nonpriority Creditor's Name 333 W Ohio ST When was the debt incurred? Chicago, IL 60654 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Contract

Document Page 33 of 66 Case number (if know) Debtor 1 LaToya D. Richard 4.2 \$145.00 **Oral Surgery Center** 9693 Last 4 digits of account number 9 Nonpriority Creditor's Name 19838 S. Halsted When was the debt incurred? Chicago Heights, IL 60411-8225 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Bills ☐ Yes 4.3 Pendrick Capital Partners II, LLC 8322 \$690.20 Last 4 digits of account number 0 Nonpriority Creditor's Name When was the debt incurred? Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection ☐ Yes 4.3 **Professional Clinical Laboratories** 7099 \$65.86 Last 4 digits of account number Nonpriority Creditor's Name 26051 Network Place When was the debt incurred? Chicago, IL 60673 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

Other. Specify

 \square Debts to pension or profit-sharing plans, and other similar debts

Medical Bills

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Document Page 34 of 66 Case number (if know) Debtor 1 LaToya D. Richard 4.3 **Professional Clinical Laboratories** 3744 \$14.61 Last 4 digits of account number 2 Nonpriority Creditor's Name 26051 Network Place When was the debt incurred? Chicago, IL 60673 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Bills ☐ Yes 4.3 **Professional Clinical Laboratories** 0116 \$5.87 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 26051 Network Place Chicago, IL 60673-1260 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Bills ☐ Yes 4.3 Radiogy Imaging Consultants, SC \$1.87 5778 Last 4 digits of account number Nonpriority Creditor's Name 75 Remittance DR DEPT 1324 When was the debt incurred? Chicago, IL 60675 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated

☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Medical Bills** Other. Specify

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Case number (if know) Debtor 1 LaToya D. Richard 4.3 Radiology Imaging Consultants 5719 \$12.57 Last 4 digits of account number 5 Nonpriority Creditor's Name P.O. Box 1886 When was the debt incurred? Harvey, IL 60426 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Bills ☐ Yes 4.3 Specialty Physicians of Illinois 6943 \$131.73 Last 4 digits of account number 6 Nonpriority Creditor's Name When was the debt incurred? 38132 Eagle Way Chicago, IL 60678 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Bills ☐ Yes 4.3 Sprint \$1.242.31 1119 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 219554 When was the debt incurred? Kansas City, MO 64121-9554 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

■ No

☐ Yes

■ Other. Specify Telephone

| Debtor 1 LaToya D. Richar | ·d | Document Page 36 of 66 Case number (if know) | ain |
|--|-----------------|---|----------|
| La Toya D. Kicilai | u | Case number (il know) | |
| Sullivan Urgent Aid | | Last 4 digits of account number 0501 | \$524.00 |
| Nonpriority Creditor's Nam P.O. Box 87844 Carol Stream, IL 60 | | When was the debt incurred? | |
| Number Street City State 2 | | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? | • | | |
| Debtor 1 only | | ☐ Contingent | |
| Debtor 2 only | | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 | only | □ Disputed | |
| ☐ At least one of the deb | • | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is | | ☐ Student loans | |
| debt | ior a community | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to of | fset? | report as priority claims | |
| ■ No | | lacksquare Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | | Other. Specify Medical Bills | |
| 4.3 Sullivan Urgent Aid | l Centers Ltd | Last 4 digits of account number XXXX | \$300.00 |
| Nonpriority Creditor's Nam | | | |
| P.O. Box 5990 Carol Stream, IL 60 | 107 | When was the debt incurred? | |
| Number Street City State 2 | | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? | • | | |
| ■ Debtor 1 only | | ☐ Contingent | |
| Debtor 2 only | | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 | only | ☐ Disputed | |
| ☐ At least one of the deb | - | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is | | ☐ Student loans | |
| debt | tor a community | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to of | fset? | report as priority claims | |
| ■ No | | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | | ■ Other. Specify Medical Bills | |
| 4.4 Well Crown Health | Dowtmana | | £42C 42 |
| Well Group Health | | Last 4 digits of account number | \$136.13 |
| Nonpriority Creditor's Nam 333 Dixie Highway Chicago Heights, IL | | When was the debt incurred? | |
| Number Street City State 2 | | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? | Check one. | | |
| ■ Debtor 1 only | | ☐ Contingent | |
| Debtor 2 only | | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 | only | Disputed | |
| ☐ At least one of the deb | • | Type of NONPRIORITY unsecured claim: | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

■ Other. Specify Medical Bills

Name and Address

■ No

☐ Yes

On which entry in Part 1 or Part 2 did you list the original creditor?

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

 $\hfill\square$ Check if this claim is for a community

Is the claim subject to offset?

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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| Debtor 1 LaToya D. Richard | | Case number (if know) |
|--|--|--|
| Account Resolution Services 1643 Harrison PKKWY STE 100 | Line <u>4.39</u> of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Sunrise, FL 33323 | Last 4 digits of account number | |
| Name and Address ARS P.O. Box 630806 | On which entry in Part 1 or Part 2 did y Line 4.38 of (Check one): | you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Cincinnati, OH 45263 | Last 4 digits of account number | |
| Name and Address ARS National Services, Inc. P.O. Box 463023 Escondido, CA 92046-3023 | On which entry in Part 1 or Part 2 did y Line 4.4 of (Check one): Last 4 digits of account number | you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Cavalry Portfolio Services, LLC P.O. Box 27288 Tempe, AZ 85282-7288 | On which entry in Part 1 or Part 2 did y Line 4.18 of (Check one): Last 4 digits of account number | you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address CMRE Financial Services, Inc. 3075 E. Imperial Hwy #200 Brea, CA 92821 | On which entry in Part 1 or Part 2 did to Line 4.35 of (Check one): Last 4 digits of account number | you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address CMRE Financial Services, Inc. 3075 E. Imperial Hwy #200 Brea, CA 92821 | On which entry in Part 1 or Part 2 did y Line 4.34 of (Check one): Last 4 digits of account number | you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Harris & Harris 111 W. Jackson Blvd # 400 Chicago, IL 60604 | On which entry in Part 1 or Part 2 did y Line 4.20 of (Check one): Last 4 digits of account number | you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Harris & Harris, LTD 111 W. Jackson Blvd # 400 Chicago, IL 60604 | On which entry in Part 1 or Part 2 did y Line 4.36 of (Check one): Last 4 digits of account number | you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Harris & Harris, LTD 111 W. Jackson Blvd # 400 Chicago, IL 60604 | On which entry in Part 1 or Part 2 did y Line 4.24 of (Check one): Last 4 digits of account number | you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Harris & Harris, LTD 111 W. Jackson Blvd # 400 Chicago, IL 60604 | On which entry in Part 1 or Part 2 did y Line 4.23 of (Check one): Last 4 digits of account number | you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address I.C. System Inc. P.O. Box 64378 Saint Paul, MN 55164 | On which entry in Part 1 or Part 2 did y Line 4.1 of (Check one): Last 4 digits of account number | you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address I.C. System, Inc. 444 Highway 96 East, Box 64887 St. Paul, MN 55164-0887 | On which entry in Part 1 or Part 2 did y Line 4.37 of (Check one): Last 4 digits of account number | you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims |

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| Debtor 1 LaToya D. Richard | | Case number (if know) | | |
|--|---|---|--|--|
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? | | |
| Medical Recovery Specialists, LLC | Line 4.26 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | |
| 2250 E Devon Ave, Ste. 352 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | |
| Des Plaines, IL 60018-4519 | Last 4 digits of account number | | | |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? | | |
| MiraMed Revenue Group, LLC | Line 4.40 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | | |
| 991 Oak Creek Drive | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | |
| Lombard, IL 60148-6408 | Last 4 digits of account number | | | |
| Name and Address | On which entry in Part 1 or Part 2 | | | |
| Murphy, Lomon & Assoc. | Line 4.28 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | |
| 2860 River Road STE 200 Des Plaines, IL 60018 | | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| Des Flames, IL 00010 | Last 4 digits of account number | | | |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? | | |
| Navient | Line 4.15 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | | |
| PO Box 9635 Wilkes Barre, PA 18773 | | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| Wilkes Daire, I A 10773 | Last 4 digits of account number | | | |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? | | |
| North Shore Agency, Inc. | Line 4.27 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | | |
| 270 Spagnoli Road, Suite 110 Melville, NY 11747-3515 | | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| mervine, NT 11747-3313 | Last 4 digits of account number | | | |
| Name and Address | On which entry in Part 1 or Part 2 | | | |
| Phoenix Financial Services | Line 4.30 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | | |
| 8902 Otis Avenue, Suite 103 Indianapolis, IN 46216-1009 | | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| maianapono, nt 40210 1000 | Last 4 digits of account number | | | |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? | | |
| Regional Recovery Service | Line 4.29 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | | |
| 5250 S Homan AVE Hammond, IN 46320 | | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| Hammona, III 70320 | Last 4 digits of account number | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | | Total Claim |
|-----------------------|-----|---|------|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total | | | | | |
| claims from Part 1 | C.L | Tarras and contain other debte consequents | C.L. | • | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | | | | | <u>-</u> |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | | |
| | | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ | 100,022.00 |
| Total | | | | | |
| claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that | | | |
| IIOIII Fait 2 | og. | you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount | 6i. | \$ | 24,112.31 |
| | | here. | | Φ | 2-7,112.01 |
| | 6i. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 124 134 31 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 124,134. |

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| | | 1700.000 | III FAUE 33 ULUU | |
|---------------------|--------------------------|-------------------|------------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | LaToya D. Richar | ·d | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | n whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|--|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| | • | | | | |

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| | | Docume | nt Page 40 d |)T hh | |
|-------------------------------|--|---|---------------------------|---|---|
| Fill in this | information to identify your | | | | |
| Debtor 1 | LaToya D. Richa | rd | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filin | rg) First Name | Middle Name | Last Name | | |
| United Stat | tes Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| | , , | | | | |
| Case numb (if known) | oer | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Official | Form 106H | | | | |
| | ule H: Your Cod | ebtors | | | 12/15 |
| | | | | | |
| ill it out, ar our name | nd number the entries in the and case number (if known | boxes on the left. Attach). Answer every question | the Additional Page t | o this page. On the to | needed, copy the Additional Page, p of any Additional Pages, write |
| 1. ро у | you have any codebtors? (If | you are filing a joint case, | do not list either spouse | as a codebtor. | |
| ■ No □ Yes | | | | | |
| Arizona — | a, California, Idaho, Louisiana | | | | ty states and territories include |
| | Go to line 3. Did your spouse, former spo | use, or legal equivalent live | e with you at the time? | | |
| | | | | | |
| in line Form 1 | 2 again as a codebtor only | if that person is a guaran | tor or cosigner. Make | sure you have listed the | g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The cre Check all schedule | editor to whom you owe the debt es that apply: |
| 3.1 | | | | ☐ Schedule D, lin | ne |
| | Name | | | ☐ Schedule E/F, | |
| | | | | ☐ Schedule G, lin | ne |
| | Number Street | | | <u> </u> | |
| (| City | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, lin | |
| | Name | | | Schedule E/F, | |
| | | | | ☐ Schedule G, lin | |
| 1 | Number Street | | | _ | |
| (| City | State | ZIP Code | | |

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| Fill | in this information to identify your ca | ase: | | | | | | | | | |
|--------------------|--|------------------------------|--|------------------|----------------|----------------------|----------------------|----------------------------|-------------------|-----------------------------|----|
| Del | btor 1 LaToya D. R | ichard | | | _ | | | | | | |
| | otor 2 puse, if filing) | | | | _ | | | | | | |
| Uni | ted States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | _ | | | | | | |
| (If kr | se number fficial Form 106l | | - | | | ☐ An ☐ A s 13 | | ent showin as of the fo | | petition chapter g date: | |
| | chedule I: Your Inc | ome | | | | IVIIV | 1/00/1 | 111 | | 12/1 | 1: |
| sup spo atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | are married and not filing w | ng jointly, and your spith you, do not include | ouse i infori | s liv natio | ing with yon about y | ou, inclu our spo | ude inforr use. If m | mation ore spa | about your ace is needed, | |
| 1. | Fill in your employment information. | | Debtor 1 | | | ı | Debtor 2 | or non-fi | iling sp | oouse | |
| | If you have more than one job, | E | ■ Employed | | | ☐ Emplo | | yed | | | |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | | | I | □ Not er | mployed | | | |
| | employers. | Occupation | Special Ed | | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Elementarrry Sch | ool D | ist. | 159 | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 6202 Vollmer Roa Matteson, IL 6044 | | | | | | | | |
| | | How long employed t | here? 4 years | | | | _ | | | | |
| Pai | ct 2: Give Details About Mor | nthly Income | | | | | | | | | |
| | mate monthly income as of the dause unless you are separated. | ate you file this form. If | you have nothing to rep | ort for | any I | line, write \$ | 0 in the | space. In | clude y | our non-filing | |
| | ou or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the information t | for all e | emplo | oyers for th | at perso | n on the li | nes be | low. If you need | t |
| | | | | | | For Debte | or 1 | For De | | | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 4,3 | 59.29 | \$ | | N/A | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | | 0.00 | +\$ | | N/A | |

4,359.29

N/A

Calculate gross Income. Add line 2 + line 3.

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| Deb | tor 1 | LaToya D. Richard | - | С | ase | number (if know | wn) | | | | |
|-----|-----------------------------|--|------|----------------|--------------|-----------------|-----|----------|--------------------|------------------|-------------------|
| | | | | | For | Debtor 1 | | | Debtor filing s | 2 or spouse | |
| | Cop | by line 4 here | 4. | | \$ | 4,359. | 29 | \$ | | N/A | <u>\</u> |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | ١. | \$ | 758. | 33 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b | | $\dot{\$}^-$ | 726. | | \$ | | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c | | ;— | | 00 | \$ | | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d | ١. | \$_ | | 00 | \$ | | N/A | |
| | 5e. | Insurance | 5e |) . | \$ | 88. | 70 | \$ | | N/A | <u> </u> |
| | 5f. | Domestic support obligations | 5f. | | \$ | 0.0 | 00 | \$ | | N/A | <u> </u> |
| | 5g. | Union dues | 5g | ١. | \$ | 0.0 | 00 | \$ | | N/A | <u> </u> |
| | 5h. | Other deductions. Specify: | _ 5h | 1.+ | \$ | 0.0 | 00 | + \$ | | N/A | <u>\</u> _ |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | ; | \$_ | 1,573. | 77 | \$ | | N/A | <u>\</u> |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | ; | \$_ | 2,785. | 52 | \$ | | N/A | <u>\</u> |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | 0 | | c | | •• | c | | | |
| | ٥L | monthly net income. | 8a | | \$_ | | 00 | \$ | | N/A | _ |
| | 8b. 8c. | Interest and dividends Family support payments that you, a non-filing spouse, or a dependent | 8b |). | \$_ | 0.0 | 00 | \$ | | N/A | <u>\</u> |
| | ос. | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c | :. | \$_ | 256. | 00 | \$ | | N/A | <u>\</u> |
| | 8d. | Unemployment compensation | 8d | | \$_ | | 00 | \$ | | N/A | _ |
| | 8e. | Social Security | 8e |) . | \$ | 0.0 | 00 | \$ | | N/A | <u>\</u> |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | | \$ | | 00 | \$ | | N/A | |
| | 8g. | Pension or retirement income | 8g | , | \$_ | | 00 | \$ | | N/A | _ |
| | 8h. | Other monthly income. Specify: | 8h | 1.+ | \$ | 0.0 | 00 | + \$ | | N/A | <u>\</u> |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | i | 256. | 00 | \$ | | N/ | Α |
| 10 | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 3,041.52 + | \$ | | N/A | = \$ | 3,041.52 |
| | | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | Ψ_ | | 3,041.32 | • | | 14/7 | | 0,041.02 |
| 11. | Star Incli othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify: | depe | | | • | | | | <i>J.</i> +\$ | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certain lies | | | | | | | 12. | \$ | 3,041.52 |
| 13. | Do | you expect an increase or decrease within the year after you file this form | ? | | | | | | • | Combi month | ined ly income |
| | | No. | | | | | | | | | |

Official Form 106I Schedule I: Your Income page 2

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| Fill | in this informa | ition to identify y | our case: | | | I | | |
|------|---------------------------------|------------------------------------|----------------|--|--|--------------|--|---|
| | otor 1 | LaToya D. R | | | | Che | eck if this is: | |
| | | La Toya D. N | ichara | | | | An amended filing | |
| | otor 2 ouse, if filing) | | | | | | A supplement show 13 expenses as of | ving postpetition chapter the following date: |
| Unit | ed States Bankr | ruptcy Court for the | : NORTH | IERN DISTRICT OF ILLIN | OIS | | MM / DD / YYYY | |
| | e number | . , | | | | | | |
| | nown) | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | |
| S | chedule | J: Your | Exper | ises | | | | 12/1 |
| info | ormation. If m | | eded, atta | . If two married people ar ch another sheet to this n. | | | | |
| Par | | ribe Your House | ehold | | | | | |
| 1. | Is this a joir No. Go to | | | | | | | |
| | | | in a separ | ate household? | | | | |
| | □ N □ Y | | st file Offici | al Form 106J-2, <i>Expenses</i> | s for Separate House | ehold of Del | otor 2. | |
| 2. | Do you have | e dependents? | □ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | names. | | | Son | | | ■ Yes |
| | | | | | Daughter | | 14 | □ No ■ Yes |
| | | | | | | | | □ No |
| | | | | | Daughter | | 18 | ■ Yes □ No |
| | | | | | | | | ☐ Yes |
| 3. | | penses include f people other t | han | No | | | | |
| | | d your depende | | Yes | | | | |
| Par | | ate Your Ongoi | | | | | | |
| exp | | | | uptcy filing date unless y y is filed. If this is a supp | | | | |
| | | | | government assistance i | | | | |
| | value of sucl ficial Form 10 | | id have inc | cluded it on Schedule I:) | our Income | | Your expe | enses |
| 4. | | or home owners | | ses for your residence. I | nclude first mortgag | e 4. | \$ | 400.00 |
| | If not includ | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | 0.00 |
| | 4b. Prope | rty, homeowner' | - | | | 4b. | \$ | 0.00 |
| | | maintenance, re owner's associa | • | ıpkeep expenses dominium dues | | 4c. 4d. | · | 0.00 |
| 5. | | | | our residence, such as ho | me equity loans | 4u. 5. | | 0.00 |

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| Deptor 1 | La loya D. Richard | Case num | ber (if known) | |
|------------------|--|-----------------|------------------|--------------------------|
| 6. Util i | ities: | | | |
| 6. Gill i | Electricity, heat, natural gas | 6a. | \$ | 200.00 |
| 6b. | Water, sewer, garbage collection | 6b. | · | 0.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | | 0.00 |
| 6d. | Other. Specify: | 6d. | · - | 0.00 |
| | d and housekeeping supplies | 7. | \$ | 675.00 |
| | dcare and children's education costs | 8. | \$ | 160.00 |
| _ | thing, laundry, and dry cleaning | 9. | · | 350.00 |
| | sonal care products and services | 10. | | |
| | · | | | 100.00 |
| | lical and dental expenses | 11. | Ф | 200.00 |
| | nsportation. Include gas, maintenance, bus or train fare. not include car payments. | 12. | \$ | 350.00 |
| | ertainment, clubs, recreation, newspapers, magazines, and books | 13. | · | 0.00 |
| | ritable contributions and religious donations | 14. | · - | 0.00 |
| | rrance. | 14. | Ψ | 0.00 |
| | not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | Life insurance | 15a. | \$ | 0.00 |
| | Health insurance | 15b. | | 0.00 |
| | Vehicle insurance | 15c. | · - | 55.00 |
| | Other insurance. Specify: | 15d. | · | 0.00 |
| | es. Do not include taxes deducted from your pay or included in lines 4 or 20. | | Ψ | 0.00 |
| | cify: | 16. | \$ | 0.00 |
| | allment or lease payments: | | Ψ | 0.00 |
| | Car payments for Vehicle 1 | 17a. | \$ | 509.00 |
| | Car payments for Vehicle 2 | 17b. | * | 0.00 |
| | Other. Specify: | 17c. | · | 0.00 |
| | Other. Specify: | 176. 17d. | · - | |
| | · · · · | | Φ | 0.00 |
| | r payments of alimony, maintenance, and support that you did not repo ucted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 10 | | \$ | 0.00 |
| | er payments you make to support others who do not live with you. | , Joi). | \$ | 0.00 |
| | cify: | 19. | | 0.00 |
| | er real property expenses not included in lines 4 or 5 of this form or on | | our Income | |
| | Mortgages on other property | 20a. | | 0.00 |
| | Real estate taxes | 20b. | | 0.00 |
| | Property, homeowner's, or renter's insurance | 20c. | | 0.00 |
| | Maintenance, repair, and upkeep expenses | 20d. | · | 0.00 |
| | . Homeowner's association or condominium dues | 20d. 20e. | · | |
| | | | · | 0.00 |
| . Oth | er: Specify: | 21. | +\$ | 0.00 |
| . Cal | culate your monthly expenses | | | |
| | Add lines 4 through 21. | | \$ | 2,999.00 |
| | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106. | J-2 | \$ | 2,000.00 |
| | | ~ - | · · — | 2 200 22 |
| 22C. | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 2,999.00 |
| . Cal | culate your monthly net income. | | L | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 3,041.52 |
| | Copy your monthly expenses from line 22c above. | 23b. | | 2,999.00 |
| | 155 | | | 2,000.00 |
| 23c. | Subtract your monthly expenses from your monthly income. | | | |
| | The result is your <i>monthly net income</i> . | 23c. | \$ | 42.52 |
| | • • | | | |
| | you expect an increase or decrease in your expenses within the year aft | | | |
| | example, do you expect to finish paying for your car loan within the year or do you expec | t your mortgage | payment to incre | ease or decrease because |
| _ | fication to the terms of your mortgage? | | | |
| | | | | |
| Пν | /es Explain here: | | | |

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| Fill in this infor | rmation to identify you | case: | | | |
|---------------------------------|---------------------------------------|-----------------------------|-------------------------|--------------------|--|
| Debtor 1 | LaToya D. Richa | rd | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing |
| Official For | | an Individual | Debtor's So | chedules | 12/15 |
| | | | | | |
| If two married p | eople are filing togethe | er, both are equally respon | sible for supplying co | rrect information. | |
| obtaining mone | | in connection with a bankr | | | ement, concealing property, or 00, or imprisonment for up to 20 |
| Sig | gn Below | | | | |
| Did you pa | ay or agree to pay som | eone who is NOT an attorn | ey to help you fill out | bankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | nkruptcy Petition Preparer's Notice, n, and Signature (Official Form 119) |
| that they a | re true and correct. Toya D. Richard | e that I have read the sumn | x | | on and |
| | /a D. Richard ure of Debtor 1 | | Signature o | t Debtor 2 | |

Date

Date December 12, 2016

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| | | ation to identify you | | | | |
|-------|----------------------------|--|--|------------------------------------|--|------------------------------------|
| Del | otor 1 | LaToya D. Richa First Name | Middle Name | Last Name | | |
| | otor 2 buse if, filing) | First Name | Middle Name | Last Name | | |
| ` ' | . 3, | kruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | |
| | | , , | | | | |
| | se number | | | | _ | Check if this is an imended filing |
| | | | | | | anionaea ming |
| ∩f | ficial For | m 107 | | | | |
| | | | Affaire for Individ | huale Eiling for B | ankruntov | A 14 C |
| | | | Affairs for Individ | | | 4/16 |
| info | rmation. If me | | attach a separate sheet to | | equally responsible for sup additional pages, write you | |
| | <u> </u> | , | rital Status and Where You | Lived Before | | |
| 1. | • | current marital statu | | | | |
| | ☐ Married | | | | | |
| | ■ Not marr | ied | | | | |
| 2. | During the la | st 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No | | | | | |
| | ☐ Yes. List | all of the places you l | ived in the last 3 years. Do no | ot include where you live now | | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| 3. | | | | | ity property state or territor | |
| state | es and territorie | es include Arizona, Ca | lifornia, Idaho, Louisiana, Ne | vada, New Mexico, Puerto Ri | co, Texas, Washington and V | Visconsin.) |
| | ■ No | | | # F 400 \ | | |
| | Yes. Mal | ke sure you fill out Scr | nedule H: Your Codebtors (Of | fiiciai Form 106H). | | |
| Pai | t 2 Explain | the Sources of You | r Income | | | |
| 4. | Fill in the total | amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | | ndar years? |
| | □ No | | | | | |
| | Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income | Gross income | Sources of income | Gross income |
| | | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| | | of current year until I for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$48,750.50 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

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Debtor 1 LaToya D. Richard

| | | | | Debtor 1 | | Debtor 2 | | |
|----|-------------------------------------|--|---|--|--|---|-------------------------|---|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inco | | Gross income (before deductions and exclusions) |
| | r last calen inuary 1 to | | 31, 2015) | ■ Wages, commissions, bonuses, tips | \$39,236.00 | ☐ Wages, comr bonuses, tips | nissions, | |
| | | | | ☐ Operating a business | | ☐ Operating a b | ousiness | |
| | r the calend inuary 1 to | | | ■ Wages, commissions, bonuses, tips | \$36,426.00 | ☐ Wages, commonutes bonuses, tips | nissions, | |
| | | | | ☐ Operating a business | | ☐ Operating a b | ousiness | |
| 5. | Include include and other winnings. | come regar public bene If you are fi | dless of wheth efit payments; iling a joint cas the gross inco | e during this year or the two her that income is taxable. Ex- pensions; rental income; inte- se and you have income that to home from each source separa | amples of other income are rest; dividends; money colle you received together, list it | alimony; child suppo cted from lawsuits; r only once under De | oyalties; ar btor 1. | |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inco Describe below. | ome | Gross income (before deductions and exclusions) |
| | om January e date you f | | ent year until inkruptcy: | Child Support | \$2,756.00 | | | |
| | r last calen nuary 1 to | | · 31, 2015) | Child Support | \$3,000.00 | | | |
| | r the calend Inuary 1 to | | | Child Support | \$3,000.00 | | | |
| Pa | rt 3: List | Certain P | avments You | Made Before You Filed for | Bankruptcv | | | |
| 6. | | Debtor 1' | s or Debtor 2 Debtor 1 nor D | 's debts primarily consume Debtor 2 has primarily const personal, family, or househo | r debts? umer debts. Consumer deb | ots are defined in 11 | U.S.C. § 10 | 01(8) as "incurred by an |
| | | • | • | re you filed for bankruptcy, d | id you pay any creditor a tot | al of \$6,425* or more | e? | |
| | | □ _{No.} □ _{Yes} | Go to line 7 | each creditor to whom you pa | id a total of \$6 425* or more | in one or more navi | ments and | the total amount you |
| | | | paid that cr not include | editor. Do not include payment payments to an attorney for to ton 4/01/19 and every 3 year | nts for domestic support obli his bankruptcy case. | gations, such as chi | ld support | and alimony. Also, do |
| | . ., | • | • | , , | | Tor after the date of | aujustinen | ι. |
| | ■ Yes. | | | r both have primarily consure you filed for bankruptcy, d | | al of \$600 or more? | | |
| | | ■ No. | Go to line 7 | | | | | |
| | | □ Yes | include pay | each creditor to whom you pa ments for domestic support o this bankruptcy case. | | | | |
| | Creditor' | s Name ar | nd Address | Dates of payme | ent Total amount paid | Amount you still owe | Was this | payment for |

| | | Case 16-39900 | Doc 1 | Document | Page 48 of 66 | (0/16 14:03:20 |) Desc | Main |
|--|---|--|-------------------------------|--|---|--|-----------------------------|--|
| Deb | otor 1 | LaToya D. Richard | | Document | Case | e number (if known) | | |
| | | | | | | | | |
| 7. | <i>Inside</i> of whi | n 1 year before you filed fo ers include your relatives; any ich you are an officer, directo iness you operate as a sole p ny. | general par r, person in c | tners; relatives of any gecontrol, or owner of 20% | eneral partners; partne or more of their voting | rships of which you g securities; and any | are a genera managing ag | I partner; corporation gent, including one fo |
| | _ | No Yes. List all payments to an i | nsider. | | | | | |
| | Insid | der's Name and Address | | Dates of payment | Total amount paid | Amount you still owe | Reason for t | this payment |
| 8. | inside | n 1 year before you filed fo er? de payments on debts guarar | | | nyments or transfer a | ny property on acc | ount of a de | bt that benefited an |
| | _ | No Yes. List all payments to an i | nsider | | | | | |
| | Insic | der's Name and Address | | Dates of payment | Total amount paid | • | Reason for t | this payment tor's name |
| Par | t 4: | Identify Legal Actions, Re | possessions | s, and Foreclosures | | | | |
| Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative pro-List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, su modifications, and contract disputes. No Yes. Fill in the details. | | | | | | | | |
| | | e title e number | | Nature of the case | Court or agency | | Status of the | e case |
| 10. | Check | n 1 year before you filed fo k all that apply and fill in the o No. Go to line 11. Yes. Fill in the information be | details below | | perty repossessed, fo | oreclosed, garnish | ed, attached | , seized, or levied? |
| | Cred | litor Name and Address | | Describe the Property | 1 | Date | | Value of the property |
| | | | | Explain what happen | ed | | | |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. | | | | | | mounts from your | |
| | Cred | litor Name and Address | | Describe the action the | ne creditor took | Date ac | ction was | Amount |
| 12. | court | n 1 year before you filed fo -appointed receiver, a cust No Yes | | | perty in the possessi | | for the bene | fit of creditors, a |
| Par | | List Certain Gifts and Con | tributions | | | | | |

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

Address:

☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and

Describe the gifts

Dates you gave the gifts

Value

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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| 14. | Within 2 years before you filed for bankr ■ No □ Yes. Fill in the details for each gift or co | | did you give any gifts or contributions with a tot | al value of more than | \$600 to any charity? |
|-----|--|-------------|--|---|---------------------------|
| | Gifts or contributions to charities that 1 more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code | | Describe what you contributed | Dates you contributed | Value |
| Par | t 6: List Certain Losses | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | ıptcy or | since you filed for bankruptcy, did you lose any | thing because of thef | t, fire, other disaster, |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Describe the property you lost and how the loss occurred | Include | be any insurance coverage for the loss the amount that insurance has paid. List pending nee claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| Par | t 7: List Certain Payments or Transfers | s | | | |
| | consulted about seeking bankruptcy or | preparii | d you or anyone else acting on your behalf pay ng a bankruptcy petition? s, or credit counseling agencies for services require | | rty to anyone you |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y | ′ ou | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | The Law Offices of Stuart B. Handelman, 200 S. Michigan Avenue, Suite 205 Chicago, IL 60604 court@sbhpc.net | | Attorney Fees | 2014 through April 2016 | \$1,295.00 |
| | Debthelper.com 1325 N. Congress AVE #201 West Palm Beach, FL 33401 | | Counseling | November 2016 | \$24.00 |
| | Within 1 year before you filed for bankru promised to help you deal with your cree Do not include any payment or transfer that | ditors o | | or transfer any prope | rty to anyone who |
| | Yes. Fill in the details. | | Paradiation and dealers (| Data | |
| | Person Who Was Paid Address | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |

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Debtor 1 LaToya D. Richard

| Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or include gifts and transfers that you have already listed on this statement. No | | | | | | | | | |
|---|---|--|---|---|--------------------------|---|----------------------|-----------------------------|--|
| | | Yes. Fill in the details. | | | | | | | |
| | | rson Who Received Transfer dress | Description and v property transfer | | paymo | ibe any property or ents received or debts n exchange | Date transfe made | r was | |
| | Per | rson's relationship to you | | | | | | | |
| 19. | | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a peneficiary? (These are often called asset-protection devices.) | | | | | | | |
| | = | No | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | Naı | me of trust | Description and v | alue of the pro | perty trans | sferred | Date Transfe made | er was | |
| Par | t 8: | List of Certain Financial Accounts, Ins | struments, Safe Deposit | Boxes, and St | torage Unit | :s | | | |
| | 147741 | him A are an hada are area (tha d dan hambaranta) | | | | | t ## | | |
| 20. | | hin 1 year before you filed for bankruptc d_moved_or transferred? | y, were any financial ac | counts or instr | ruments he | eld in your name, or for y | our benefit, clo | osed, | |
| | Incl | sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | | |
| | | No | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | | | Last 4 digits of account number | • | | nt or Date account was closed, sold, moved, or transferred | | alance sing or ansfer | |
| 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other decash, or other valuables? | | | | | posit box or other depos | itory for secur | ities, | | |
| | | No | | | | | | | |
| | $\overline{\Box}$ | Yes. Fill in the details. | | | | | | | |
| | _ | | Who also had see | 200 to it? | Dagariba | the contents | De veu et | :11 | |
| | | me of Financial Institution dress (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe | the contents | Do you sti | III | |
| 22. | Hav | re you stored property in a storage unit o | or place other than your | home within 1 | year befor | re you filed for bankrupt | cy? | | |
| | | No | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | Naı | me of Storage Facility | Who else has or h | nad access | Describe | the contents | Do you st | ill | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | | to it? | to it? Address (Number, Street, City, | | | have it? | | |
| Dar | t 9: | Identify Property You Hold or Control | for Someone Fise | | | | | | |
| ı uı | | dentity respectly real field of control | ioi comcone Lise | | | | | | |
| 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in tru for someone. | | | | | | | trust | | |
| | | No | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | | ner's Name dress (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | | Value | |
| | (/ 1-0 | Char Batalla Aband 5 | | | | | | | |
| rar | t 10: | Give Details About Environmental Info | ormation | | | | | | |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Debtor 1 LaToya D. Richard

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| hazardous material, pollutant, contaminant, or similar term. | | | | | | |
|--|---|--|---|---|---|--|
| Report all notices, releases, and proceedings that you know about, regardless of when they occurred. | | | | | | |
| 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | |
| | No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice | |
| Hav | e you notified any governmental unit of | any release of hazardous material? | | | | |
| | No Yes. Fill in the details. | | | | | |
| | | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice | |
| Hav | e you been a party in any judicial or adm | ninistrative proceeding under any envi | ronr | mental law? Include settlements a | and orders. | |
| | No Yes. Fill in the details. | | | | | |
| _ | | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ture of the case | Status of the case | |
| 11: | Give Details About Your Business or 0 | Connections to Any Business | | | | |
| Witl | nin 4 vears before you filed for bankrupt | cy, did you own a business or have an | v of | the following connections to any | / husiness? | |
| | | | • | • | , | |
| | _ | • | | • | | |
| | _ | | . ` | , | | |
| | _ | ecutive of a corporation | | | | |
| | | | | | | |
| | | | | | | |
| _ _ | | | S . | | | |
| Bu: | | Describe the nature of the business | - | Employer Identification numbe | ŗ | |
| | | Name of accountant or bookkeeper | | | number or ITIN. | |
| | | cy, did you give a financial statement t | to ar | | ude all financial | |
| | No | | | | | |
| | Yes. Fill in the details below. | | | | | |
| Ad | dress | Date Issued | | | | |
| | Has Naid Naid Hav Said Naid Naid Naid Naid Naid Naid Naid N | Has any governmental unit notified you that No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Have you notified any governmental unit of a No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Have you been a party in any judicial or adm No Yes. Fill in the details. Case Title Case Number 11: Give Details About Your Business or Company of the State Stat | Has any governmental unit notified you that you may be liable or potentially liable No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Have you notified any governmental unit of any release of hazardous material? No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Court or agency Name Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Court or agency Name Address (Number, Street, City, State and ZIP Code) No Address (Number, Street, City, State and ZIP Code) Till Give Details About Your Business or Connections to Any Business Within 4 years before you filed for bankruptcy, did you own a business or have ar A sole proprietor or self-employed in a trade, profession, or other activity, A member of a limited liability company (LLC) or limited liability partnersh A partner in a partnership An officer, director, or managing executive of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Within 2 years before you filed for bankruptcy, did you give a financial statement institutions, creditors, or other parties. No Yes. Fill in the details below. Name Date Issued | Has any governmental unit notified you that you may be liable or potentially liable und No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Have you notified any governmental unit of any release of hazardous material? No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Have you been a party in any judicial or administrative proceeding under any environs No Yes. Fill in the details. Case Title Case Number Court or agency Name Address (Number, Street, City, State and ZIP Code) No Address (Number, Street, City, State and ZIP Code) Title Give Details About Your Business or Connections to Any Business Within 4 years before you filed for bankruptcy, did you own a business or have any of A sole proprietor or self-employed in a trade, profession, or other activity, eith A member of a limited liability company (LLC) or limited liability partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Within 2 years before you filed for bankruptcy, did you give a financial statement to an institutions, creditors, or other parties. No Yes. Fill in the details below. Name Date Issued | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Rovernmental unit Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Rovernmental unit Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Case Title Case Number No Yes. Fill in the details. Case Title Case Number No Yes. Fill in the details. Case Title Case Number No Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Case Title Case Number No Yes. Fill in the details. Case Title Case Number Address (Number, Street, City, State and ZIP Code) No Not one of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) No None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) No None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Name of accountant or bookkeeper No None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Name of accountant or bookkeeper No None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Name of accountant or bookkeeper No None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business or the parties. | |

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6 Case 16-39900 Doc 1 Filed 12/20/16 Entered 12/20/16 14:03:20 Page 52 of 66 Case number (if known) Document

Debtor 1 LaToya D. Richard

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ LaToya D. Richard Signature of Debtor 2 LaToya D. Richard Signature of Debtor 1 Date December 12, 2016 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this infor | mation to identify your | case: | | | |
|-------------------------------------|--|---|---|-------------------------------|---|
| Debtor 1 | LaToya D. Richa | rd | | | |
| D 14 0 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States B | ankruptcy Court for the: | NORTHERN DIST | RICT OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| Official Fo | | on for Indiv | iduals Filing Uı | nder Chapter | 7 12/15 |
| | lividual filing under cha | • | out this form if: | | |
| you have lea | | and the lease has n vithin 30 days after | you file your bankruptcy pet | | or the meeting of creditors, reditors and lessors you list |
| on the | | ile court exterios tir | e time for cause. Fou must a | iso send copies to the c | reditors and lessors you list |
| | eople are filing togethended at the form. | r in a joint case, bo | th are equally responsible fo | or supplying correct info | rmation. Both debtors must |
| | and accurate as possil our name and case nu | | needed, attach a separate s | sheet to this form. On the | e top of any additional pages, |
| Part 1: List Y | our Creditors Who Hav | e Secured Claims | | | |
| 1. For any credi | tors that you listed in P | art 1 of Schedule D | : Creditors Who Have Claims | s Secured by Property (0 | Official Form 106D), fill in the |
| information b | elow. reditor and the property | that is collateral | What do you intend to do secures a debt? | with the property that | Did you claim the property as exempt on Schedule C? |
| | | | | | |
| Creditor's (name: | Chase Auto Finance | | ☐ Surrender the property.☐ Retain the property and | redeem it. | □ No |
| Description of | f 2012 Kia Sarento | | Retain the property and en | | Yes |
| property securing debt | Location: 100 Mar Parkway, Matteso | | ☐ Retain the property and [| | |
| Part 2: List Y | our Unexpired Persona | al Property Leases | | | |
| in the information | on below. Do not list re | al estate leases. Un | | at are still in effect; the l | Leases (Official Form 106G), fill ease period has not yet ended. |
| Describe your | unexpired personal pro | perty leases | | V | Vill the lease be assumed? |
| Lessor's name: | | | | Г |] No |
| Description of le Property: | eased | | | |] Yes |
| 7 • | | | | | |
| Lessor's name: Description of le | eased | | | |] No |
| Property: | | | | |] Yes |
| Lessor's name: | | | | Г |] No |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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| Debtor 1 | LaToya D. Richard | Case number (if known) |
|--------------------------------------|--|---|
| Description Property: | n of leased | ☐ Yes |
| Lessor's na | | □ No |
| Property: | Tot leased | ☐ Yes |
| Lessor's na | | □ No |
| Property: | | ☐ Yes |
| Lessor's name: Description of leased | | □ No |
| Property: | | ☐ Yes |
| Lessor's na Description | | □ No |
| Property: | Torreased | ☐ Yes |
| Part 3: | Sign Below | |
| | alty of perjury, I declare that I have indicated at its subject to an unexpired lease. | my intention about any property of my estate that secures a debt and any personal |
| X /s/ La | aToya D. Richard | X |
| | bya D. Richard ture of Debtor 1 | Signature of Debtor 2 |
| Date | December 12, 2016 | Date |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapte | r 7: | Liquidation |
|--------|-------|--------------------|
| | \$245 | filing fee |
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-39900 Doc 1 Filed 12/20/16 Entered 12/20/16 14:03:20 Desc Main Document Page 59 of 66

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In re | 9 | LaToya D. Richard | | | Case No. | | | |
|---|---|---|---|--|----------------------|--|--|--|
| | | | | Debtor(s) | Chapter | 7 | | |
| | | DISCLO | SURE OF COMPEN | SATION OF ATTOR | NEY FOR D | EBTOR(S) | | |
| | cor | npensation paid to me w | ithin one year before the filing | b), I certify that I am the attorn g of the petition in bankruptcy, f or in connection with the bank | or agreed to be paid | l to me, for services rendered or to | | |
| | | For legal services, I ha | ave agreed to accept | | \$ | 1,295.00 | | |
| | | | | | | 1,295.00 | | |
| | | Balance Due | | | \$ | 0.00 | | |
| 2. | \$_ | 335.00 of the filing | fee has been paid. | | | | | |
| 3. | The | e source of the compensa | ation paid to me was: | | | | | |
| | | ■ Debtor □ | Other (specify): | | | | | |
| 4. | The | e source of compensation | n to be paid to me is: | | | | | |
| | | ■ Debtor □ | Other (specify): | | | | | |
| 5. | | I have not agreed to sha | are the above-disclosed compe | ensation with any other person | unless they are men | abers and associates of my law firm. | | |
| | | | | tion with a person or persons was of the people sharing in the | | s or associates of my law firm. A ached. | | |
| 6. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | | | |
| | b. c. | Preparation and filing of | of any petition, schedules, states bettor at the meeting of creditor | ring advice to the debtor in dete ment of affairs and plan which rs and confirmation hearing, an | may be required; | | | |
| 7. | Ву | Representation | | | | y other adversary proceeding. | | |
| | | | | CERTIFICATION | | | | |
| | | ertify that the foregoing i kruptcy proceeding. | | agreement or arrangement for | payment to me for | representation of the debtor(s) in | | |
| December 12, 2016 /s/ Stuart B. Handelman | | | | | | | | |
| Date | | | | Stuart B. Handelman | | | | |
| | | | | Signature of Attorne The Law Offices of | | elman, P.C. | | |
| | | | | 200 S. Michigan A | venue, Suite 205 | | | |
| | | | | Chicago, IL 60604 (312) 360-0500 Fa | | 3 | | |
| | | | | court@sbhpc.net | | | | |
| | | | | Name of law firm | | | | |

Desc Main Richard

THE LAW OFFICES OF

STUART B. HANDELMAN A PROFESSIONAL CORPORATION

WWW.CHICAGOLANDBANKRUPTCY.COM

200 S. Michigan Avenue, Suite 205 Chicago, Illinois 60604-4398 Telephone (312) 360-0500 Fax (312) 360-1033

Stuart B. Handelman Jean M. Huang Kelly Smith

ADVANCE PAYMENT RETAINER FOR CHAPTER 7 BANKRUPTCY

I, (the Debtor, whether one or more parties), hereby retain The Law Offices of Stuart B. Handelman, P.C. ("The Attorney") to represent me in a Chapter 7 bankruptcy. I hereby give permission to The Firm to hire cocounsel, or independent contractors in my Chapter 7 bankruptcy. Debtor acknowledges receiving a copy of this contract.

The parties agree as follows:

Type of Bankruptcy. 1.

Debtor retains Attorney to file a Chapter 7 bankruptcy case. If the Debtor determines at a later date that the Debtor desires to file a Chapter 13 bankruptcy case, the parties shall execute a new fee contract setting forth the terms of such representation.

Base Attorney Fees. 2.

The base attorney fee for filing the Chapter 7 bankruptcy case is \$1,295.00. Debtor agrees to pay the base attorney fee by the agreed date of April 15, 2015. In the event the base attorney fee is not paid in full by agreed date, the base fee will increase \$200.00 per month. ALL RETURNED CHECKS ARE SUBJECT TO A \$25.00 PROCESSING FEE.

The base fee is based on the following assumptions:

- The Debtor has provided the Attorney with complete and accurate information.
- The Debtor's circumstances, particularly the Debtor's Current Monthly Income as defined by the (a) Bankruptcy Code, does not change prior to the actual filing of the Chapter 7 Bankruptcy case. (b)
- The Debtor must pay the fee prior to the filing of the case. Debtor understands that no bankruptcy (c) protection is in effect until the case is filed with the court.

If any of these assumptions prove to be inaccurate, and as a result the amount of legal services provided by the Attorney is increased, then the base attorney fee shall be increased accordingly and to compensate the Attorney for the additional time and services in providing the legal services. At such time, the parties must execute a supplement to this Agreement. If the Debtor refuses to sign such a supplement, then the Attorney-Debtor relationship shall be terminated and no Chapter 7 bankruptcy Case will be filed for Debtor by the Attorney.

Because of the extent and urgent nature of the work that we will be doing for you, we require a retainer, which is an Advance Payment Retainer ("APR"). This means that once received, the funds paid by you, will become the property of Firm and will not be deposited and held in a client trust account. Instead, the funds will be deposited in the Firm's general account and applied to the work we perform on your behalf. With other firms you may have the option of using a security retainer instead of an APR. Our firm is unwilling to undertake the Case 16-39900 Doc 1 Filed 12/20/16 Entered 12/20/16 14:03:20 Desc Main Document Page 61 of 66

engagement unless an APR is agreed to. By using an APR, funds paid to our firm will not be subject to attachment from your creditors.

Refund of Percentage of Base Fee. 3.

In the event the legal services provided for herein are terminated by either party prior to the filing of a Chapter 7 bankruptcy case, then the Debtor may be entitled to a refund of some of the base fee. The refund shall be determined by the number of hours devoted by Attorney to the case prior to the time of termination computed at the rate of \$350.00 per hour; by the time devoted to the case by the Legal Assistants of Attorney computed at the rate of \$100.00 per hour; by adding all expenses incurred (such as copies, postage, securing records and documents, tax transcripts, credit reports, etc); and then by deducting the total amount of all charges from the Base Fee. If in the event the total of all such fees and charges exceed the Base Fec, the Debtor's liability shall be limited to the amount of the Base Fee.

Debtor's Obligations to Pay Designated Costs. 4.

The Debtor shall be obligated to pay the following costs related to the filing of a Chapter 7 bankruptcy case. The costs are as follows:

- The fee of \$335.00 charged by the Bankruptcy Court to file a Chapter 7 bankruptcy case. (a)
- The cost of pre-filing consumer credit counseling, which is a prerequisite to filing for bankruptcy relief, which is approximately \$50.00 for an individual and no more than \$75.00 for a husband and (b)
- The cost of a post-filing instructional course concerning personal financial management, which is a prerequisite to obtaining the Discharge of debts in a Chapter 7 case. The amount of this fee is not (c) known at this time but should be consistent with the pre-filing credit counseling fees.
- The cost of obtaining any consumer credit reports.
- The cost of obtaining tax returns or tax transcripts directly from the taxing authorities or from any (d) (e) third-party provider.
- The cost of obtaining copies of judgments, deeds, deeds of trust, title certificates, court papers, (f) county tax records, and other similar documents.
- The cost of securing any prior court records from the PACER system for federal cases.
- The cost of securing any other records or statements not otherwise produced by or available to the (g) (h)
- Additionally, Debtor agrees to be prompt and attend all scheduled office consultations, including the appointment to sign the petition. Debtor understands that a fee of \$200.00 will be assessed if Debtor (i) fails to appear or cancels an appointment within 1 business day of the scheduled meeting.

Services provided Under the Attorney's Base Fee. 5.

The services of the attorney included in the base fee are those normally contemplated for a Chapter 7 case. They include the services listed below:

- All services reasonably necessary to fully inform the Debtor of the Debtor's rights and (a) responsibilities under the Bankruptcy Laws.
- All services reasonably necessary to enable the Debtor to make an informed decision about the filing (b) of a Chapter 7 bankruptcy case.
- Advising the Debtor of all available exemptions under any applicable law and assisting the Debtor in claiming the exemptions that best serve the Debtor's needs and desires. (c)
- Assisting the Debtor in complying with all of the requirements imposed by the Bankruptcy Laws, the (d) Bankruptcy Rules, or any Local Bankruptcy Rules.

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- (e) Preparation and electronic filing of petition, schedules, supplemental local forms, and mailing matrix.
- (f) Drafting and mailing notice to creditors advising of filing of case.
- (g) Drafting and mailing to you a letter regarding your attendance at the Section 341 meeting of creditors and your other responsibilities.
- (h) Preparation for and attendance at Section 341 meeting, either by an employee or an independent contractor.
- (i) Filing of any motions to avoid non-purchase money liens on exempt household goods and judgment liens that impair exempt property.
- (j) Assisting the Debtor in carrying out the Debtor's Statement of Intentions, provided that the Debtor pays the Non-Base Fee for any redemption.
- (k) Assisting the Debtor in complying with all proper and timely requests for information and/or documents by the Bankruptcy Trustee, the Bankruptcy Administrator, the Court, or other parties involved in the case.
- (l) Communicating as necessary with the creditors and other parties involved in the case (including their attorneys) to facilitate the administration of the case and the application of the Automatic Stay.
- 6. The Law Firm will not represent the Client(s) in any reaffirmation hearings where attorney believes the filing of such agreement constitutes an undue hardship and is not in the best interests of the Client(s). A reaffirmation agreement is a legally valid contract that if the Client(s) defaults post-discharge he/she could lose the collateral that is the subject of the agreement. A debt that is reaffirmed is not discharged in your bankruptcy case. The Client(s) has 60 days after an agreement is filed with the Court to rescind said agreement. If the Client(s) desires to reaffirm a debt, the Client(s) must file a proper motion with the Court. The Client(s) may do this without an attorney. If the Client(s) does not have a separate attorney to sign the certification, then the Client must get the Court to approve the agreement.

THE LAW FIRM WILL NOT CERTIFY ANY REAFFIRMATION AGREEMENTS WHERE THE BANKRUPTCY SCHEDULES SHOW THAT THE CLIENT(S) = MONTHLY INCOME IS LESS THAN THE CLIENT(S) = MONTHLY EXPENSES, REGARDLESS OF ANY OTHER CIRCUMSTANCES.

7. Compensation for Non-Base Legal Services.

For such non-base services, you may be charged without any further notice and in the discretion of the Court non-base fees for the following services and in the amounts noted:

| (a) | Amendments to Schedules & Court Fee | \$126.00 |
|-----|---|----------|
| (b) | Motion to continue the 341 meeting | \$350.00 |
| (c) | Defending a motion for relief from stay | \$450.00 |
| (d) | Motion for Redemption | \$350.00 |
| (e) | Motion to continue the Automatic Stay | \$450.00 |
| (f) | Motion to Avoid a Lien or Judgment | \$495.00 |

- (g) With respect to all other mattes, other than the contingent fee cases described below, the Attorney will keep time and expense records for any non-base service and apply to the Court for the approval of the fee plus all expenses incurred. The current hourly fee for your Attorney is \$355.00 and the current hourly fee for his Legal Assistant is \$125.00.
- (h) The attorney will be entitled to a contingency fee equal to 50% of any actual recovery from any party for a violation of the automatic stay, the discharge injunction, or for breach of any state or federal consumer protection statutes.

8. Expenses.

The Attorney shall be entitled to apply to the Court for approval of any expenses related to your case for base fee or non-base fee services. Such expenses include but are not limited to court fees, telephone fees, fax fees, copy fees, postage fees, PACER fees, electronic or other research fees. In the Court's discretion, the Attorney may request without any notice or documentation a blanket expense of \$1.00 for each item noticed to creditors as an expense for postage, copying and envelopes.

9. Payment of Base and Non-Base Fees.

- (a) The Base Fee shall be paid in full prior to the time the Attorney begins any actual work on the Chapter 7 Petition and Schedules.
- (b) All fixed Non-Base fees must be paid in Advance of the Service by the Debtor.
- (c) Fees for services based on time and expenses shall be paid within 30 days of the Debtor's receipt of the bill for such services; provided, however, that the Attorney may require the payment of a retainer fee for non-base services that are expected to require more than 2 hours of the Attorney's time.
- (d) The Debtor understands that if the Debtor does not pay the non-base fees as provided in this Agreement then the Attorney has no obligation to provide the non-base services and has the right to file a motion to withdraw as the attorney for the debtor in the Chapter 7 case, the contested case, or the adversary proceeding.

10. Means Test Services.

With respect to the "means test" provisions imposed by Section 707(b) of the Bankruptcy Code, the base fee charged in this case is based on one of the four assumptions set forth below. The assumption that applies is designated by the initials of the Debtor placed after the Assumption.

- (a) The Debtor's debts are not primarily consumer debts and therefore the "means test" does not apply. The parties assume that no issues concerning the "means test" will arise in this case.
- (b) The Debtor's current monthly income as defined by the Bankruptcy Code is below the median income. The parties assume that no issues concerning the "means test" will arise in this case.
- (c) The Debtor's current monthly income as defined by the Bankruptcy Code is above the median income but the Debtor's expenses, as calculated under Section 707(b)(2)(A) are sufficient to rebut the presumption that the filing of a Chapter 7 case would be an abuse of the Bankruptcy laws. The parties assume that no issues concerning the "means test" will arise in this case.
- (d) A presumption of Bankruptcy abuse does arise in this case, but the Debtor and the Attorney will attempt to rebut the presumption by demonstrating extraordinary circumstances pursuant to Section 707(b)(2)(B) of the Bankruptcy Code. Attached to this Agreement is an Addendum setting forth an explanation of the Debtor's obligations in demonstrating extraordinary circumstances and the details of the parties' Agreement concerting fees for proceedings related to the establishment of extraordinary circumstances.

11. Debtor's Obligations.

The Debtor's obligations are as follows:

- (a) To promptly pay all Base and Non-Base Legal fees and charges.
- (b) To provide the Attorney with all requested documents, bills statements, payment advices, bank records, tax returns, tax bills, appraisals, retirement and savings account, and income information and to sign any and all necessary forms to allow the Attorney to secure such documentation.

- (c) To provide accurately and honestly all of the information necessary to prepare and file the Chapter 7 bankruptcy case, and other motions or proceedings arising during the course of the case.
- (d) To timely respond to all letters, emails and telephone calls from the Attorney or any member of his staff.
- (e) To keep the Attorney advised at all times of the Debtor's mailing and physical addresses, telephone numbers, and email addresses.
- (f) To appear at the first meeting of creditors (the 341 meeting) and at any other court hearings or meetings as may be required by the Court or any other party.
- (g) To keep all scheduled office appointments with the Attorney and to notify the Attorney in advance of any problems with the timing and scheduling or rescheduling of such appointments.
- (h) To contact the attorney by Telephone with the understanding that the Attorney is only able to return calls between the hours of 8:00 a.m. to 9:30 a.m. and 4:00 p.m. to 6:00 p.m. If the Attorney is available when the call is actually received, then the call will be taken at that time. However, if you have to leave a message for the Attorney then you must provide a number that you can be reached at during the designated times. The Attorney or Legal Assistant will make every effort to return all such telephone calls within 48 hours, excluding weekends and holidays.
- (i) To provide any information requested of the Debtor by the Chapter 7 Trustee, the Bankruptcy Administrator, or any other party in the case, unless the Court rules that the Debtor is not required to provide such information.
- (j) To respond as soon as possible to any requests for the Debtor by the Attorney or his Legal Assistant.
- (k) To sign a tax authorization form to authorize the Attorney to get copies of income tax returns from the respective taxing agencies for a period of four (4) years prior to the filing of your bankruptcy case.
- (l) To provide current bank account information to include monthly statements as requested and online account balances as of the date of the signing of your bankruptcy petition packet.

12. Electronic Communications

You agree that we may provide you with any communications that we may choose to make available in electronic format, to the extent allowed by law, and that we may discontinue sending paper communication to you, unless and until you withdraw your consent by (a) speaking to an Attorney in the firm, and (b) sending a written notice to the Attorney withdrawing the consent for electronic communication.

Your consent to receive electronic communications and transactions includes, but is not limited to: correspondence regarding the status of your case, termination of our services, court orders, court results, notices, monthly (or other periodic) billing or account statements for your account.

You further agree to immediately notify us of any changes to your email address.

Initials) (Initials)

13. Attorney Withdrawal from Chapter 7 case, Adversary Proceeding or Contested Matter.

Pursuant to the Local Rules of the Bankruptcy Court, the Attorney shall remain the responsible attorney of record for the Debtor in all matters in the case until the case is closed, dismissed or the discharge is entered or until the Attorney is relieved from such representation by order of the Court. The parties agree that just reasons for the Attorney to withdraw from the representation of the Debtor, include but are not limited to the following:

- (a) The failure of the Debtor to provide complete, truthful and accurate information to the Attorney.
- (b) The failure of the Debtor to comply with the Debtor's obligations as provided for in this Agreement and in the Local Rules.

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The failure of the Debtor to comply with any of the obligations imposed on the Debtor by the (c) Bankruptcy Code and the Bankruptcy Rules.

The failure or refusal of the Debtor to comply with the Debtor's obligations to provide any (d) supplemental information to the Court or to the Chapter 7 Trustee or to correct any incorrect or incomplete information previously provided to the Court or the Trustee. (d)

The failure of the Debtor to provide complete, truthful and accurate information to the Court, the

Chapter 7 Trustee.

The failure of the Debtor to pay for all Non-Base fee services. (e)

- If the Debtor are husband and wife, then any separation, serious domestic dispute, or divorce of the (f)
- Any irreconcilable conflict between the Attorney and the Debtor with respect to the case. (g)

14. Non-Discharge of Certain Debts.

I have been told that some debts are not discharged by a Chapter 7 bankruptcy. I understand that some of the debts that are not dischargeable are (1) Certain tax debts and other debts or fines owed to governmental units, including parking tickets (2) Debts incurred by fraudulent means, including but not limited to, recent cash advances and other recent usage, (3) Accidents while driving under the influence of drugs or alcohol, (4) Alimony and child support, (5) judgment liens and liens on property, (6) Intentional torts, and (7) Credit card charges used to pay State or Federal Taxes, (8) Student Loans owed to the government and non-government agencies.

Debtor has been informed, and fully understands, the following restrictions regarding receiving a discharge in another bankruptcy once Debtor receives a discharge in this bankruptcy:

- (a) A chapter 7 Debtor may not be granted a discharge if a discharge was received under chapter 7 in a case filed within eight years of the filing of a chapter 7 petition. (Eight years between chapter 7 discharges).
- (b) A chapter 13 Debtor may not be granted a discharge if he/she received a discharge in a previous chapter 7, 11 or 12 filed within four years of the filing of a chapter 13. (Four years between chapter 7 and then a chapter 13 discharge).

Dated:

By:

The Law Offices of Stuart B. Handelman, P.C.

Dated:

November 21, 2014

ovember 21, 2014

United States Bankruptcy Court Northern District of Illinois

| In re | LaToya D. Richard | | Case No. | | |
|-------|---|---|-------------------------|--|--|
| | | Debtor(s) | Chapter 7 | | |
| | VERIFICATION OF CREDITOR MATRIX | | | | |
| | | Number of | Number of Creditors: 46 | | |
| | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. | | | | |
| Date: | December 12, 2016 | /s/ LaToya D. Richard LaToya D. Richard Signature of Debtor | | | |